



**RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
GROUP ART UNIT 2852**

00684.003305

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Ryan M. Gleitz
Yutaka BAN, et al.)	
	:	Group Art Unit: 2852
Application No.: 10/028,668)	
	:	Confirmation No.: 3670
Filed: December 28, 2001)	
	:	
For: DEVELOPER CARTRIDGE AND)	April 12, 2005
IMAGE FORMING APPARATUS	:	

Mail Stop AF

Commissioner for Patents
Post Office Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Official Action dated January 12, 2005, the Examiner is respectfully requested to amend the above-identified application, as follows.



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Yutaka BAN, et al.

Application No.: 10/028,668

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Date: April 12, 2005

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Commissioner for Patents
Post Office Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an **Amendment After Final Rejection** in the above-identified application.

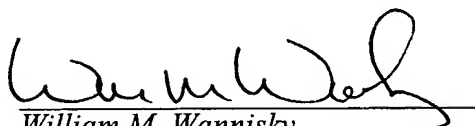
☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22	MINUS	29	= 0	x \$25 \$50	\$0.00
INDEP. CLAIMS	5	MINUS	5	= 0	x \$100 \$200	\$0.00
Fee for Multiple Dependent claims \$180°/\$360						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our New York office at the address given below.

Respectfully submitted,


William M. Wannisky
Attorney for Applicants
Registration No. 28,373

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

WMW\tas